PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/167850

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I	
TOTAL CLAIMS			10					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			10 · min	us 20=	· _ C)		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	3 = 0 minus $3 = 0$					X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	40-N
CLAIMS AS AMENDED - PART II								•		•	OTHER	
		(Column 1)	(Column 2)			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A	in the second	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	,	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+135=		OR	+270=	
							l	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADD11.1 CE	•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	· 	OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		ן נ	+135=	· · · · · ·	1	+270=	
								TOTAL		OR	TOTAL	
			ADDIT. FEE		OR	ADDIT. FEE	<u> </u>					
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	,			1		T
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUN PREVI	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ן נ	+135=	-	1	+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF											ADDIT. FEE	
		nber Previously Pa					er fo	und in the ap	propriate bo	x in co	olumn 1.	